PTC/SB/05 (08-03)
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to a collection of feformation unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number O9 / 8 8 0 0 8										188
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
				NUMBER EXTRA		RATE	FEE		RATE	FEE
BASK		RUMBE	NOSIGEN FALLS				3	OR		:710
TOTA	R 1.16(a))	9		1.		x 5 •		OR	xs 18 -	
	FR 1.16(c)) PENDENT CLASS		minus 20 =	+		x \$		OR	× 5 80 -	
(37 C	FR 1.16(b))		minus 3 =					OR	+, 27%	
MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.18(d))						+3				7/0
• # th	e diffe rence in d	olumn 1 is less the	n zero, ente	r "O" in column 2	TOTAL	L	OR	TOTAL	7/6	
CLAIMS AS AMENDED - PART II										
D		(Column 1)		(Column 2)	(Column 3)	SMALL E	NIITY	OR	OTHER SMALL	
٨ ٢		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Totat	· / 3	Minus	20	- 1	x \$=	1	OR	x s=	
Q	(37 CFR 1,16(c)) Independent	· 3	Minus	··· 3	-	x \$=		OR	x \$=	
AMENDMENT	CS CFR 1,16(0.2)	0	E NEDENDO		R11801	+s =		OR	+5 .	7
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL	1	OR	TOTAL ADD'L FEE		
1 11 1						ADD'L FEE	<u> </u>] ~	ADDETE	
ļ.,	1900	(Column 1)		(Column 2)	(Column 3)			1		ADDI-
18		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	TIONAL FEE
MENT	Total	AMENDMENT	Minus	PAID FOR	= /		FEE 1	1		7
ENDN	(37 CFR 1,16(cl))	13	Minus	<u> </u>	 	× 5	 	OR	^• <u> </u>	- -
Æ	independent (37 CFR 1.16(b))	12				× 5		OR	× 5	
FRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					<u> + </u>		OR	+s =		
						TOTAL ADO'L FEE	<u> </u>	_ OR	ADD'T FEE	<u></u>
		(Column 1)	(Column 2)			_ ~				
v		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADOI-		RATE	ADDI-
1		AFTER AMENDMENT	1	PREVIOUSLY PAID FOR	EXTRA		TIONAL			TIONAL FEE
Ψ̈́	Total	AMERIMENT	Minus	**	·	X 5 -		OR	x \$=	
Q	(3F CFR 1,16(d) Independent	 . 	Minus	•••	•	X S		OR	x \$*	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(d))					+5 .	1	OR	+ 3 •	
FOST PRESENTATION OF MALIFIC DEPOSITION OF ST. O. N. F. O. N.						TOTAL	 	OR	TOTAL ADD'L FEE	
a visco code in returns 1 in less than the entry in column 2, write 'V' in column 3.										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less wan zu, enter zu.										
The Highest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.										

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fide (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commits aloner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.